

November 3, 1995

1. Transmitted is a revision to the Department of Veterans Affairs, Veterans Health Administration, Manual M-2, "Clinical Affairs," Part VII, "Pharmacy Service," Chapter 4, "Outpatient Services."

2. The principal change is the inclusion of VHA Directive 10-93-011, "Electronic Access Control Security Systems for Controlled Substances."

**3. Filing Instructions**

**Remove pages**

iii through iv  
4-i  
4-1 through 4-7

**Insert pages**

iii through iv  
4-i through 4-ii  
4-1 through 4-7

4. **RESCISSIONS:** M-2, Part VII, Chapter 4, dated May 4, 1995; and VHA Directive 10-93-011.

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Under Secretary for Health

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## RESCISSIONS

The following material is rescinded:

### 1. COMPLETE RESCISSIONS

#### a. Manuals

M-2, Part VII, dated May 10, 1955, and changes 1 through 25.  
M-2, Part VII, dated December 5, 1977, and changes 1 through 8.  
M-2, Part VII, Chapter 1, dated March 28, 1991.  
M-2, Part VII, Chapter 2, dated March 28, 1991.  
M-2, Part VII, Chapter 3, dated March 28, 1991.  
M-2, Part VII, Chapter 3, dated January 19, 1994.  
M-2, Part VII, Chapter 4, dated March 28, 1991.  
M-2, Part VII, Chapter 4, dated May 4, 1995.  
M-2, Part VII, Chapter 5, dated March 28, 1991.  
M-2, Part VII, Chapter 5, dated July 8, 1993.  
M-2, Part VII, Chapter 7, dated March 28, 1991.  
M-2, Part VII, Chapter 9, dated March 28, 1991.  
M-2, Part VII, Chapter 10, dated March 28, 1991.

#### b. Interim Issues

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## **RESCISSIONS**

The following material is rescinded:

### **1. Manuals**

M-2, Part VII, Chapter 4, dated March 28, 1991.  
M-2, Part VII, Chapter 4, dated May 4, 1995.

### **2. Directives**

10-92-023  
10-92-052  
10-93-011

## CHAPTER 4. OUTPATIENT SERVICES

### 4.01 POLICY

- a. Pharmacy Service provides timely, appropriate, and cost-effective outpatient service for eligible patients of the Department of Veterans Affairs (VA) medical facilities.
- b. Pharmacists interact creatively with the medical staff to formulate policies and procedures. These policies and procedures effectively utilize the expertise of the pharmacist to evaluate medication therapy and assess patient's response.
- c. Appropriate clinical privileges for clinical pharmacy interaction is approved by medical center management.
- d. All outpatient prescriptions for legend drugs will be filled by a registered pharmacist, or if filled by a non-pharmacist, the prescription will be checked by a registered pharmacist prior to issuance to the patient or the patient's agent.

### 4.02 THE PRESCRIPTION

- a. Prescriptions may be written on the following approved forms:
  - (1) VA Form 10-2577F, Security Prescription Form. **NOTE:** *This form is for internal use only. Schedule II prescriptions must be written on this form only.*
  - (2) An overprint of VA Form 10-1158, 10-1158C, or 10-0114L, Doctor's Order Form.
  - (3) Decentralized Hospital Computer Program (DHCP) Action Profile.
  - (4) Automated VA Form 10-7987M, DHCP Authorized Absence/Discharge Orders.
  - (5) VA Form 10-7978M, Medical Record, Discharge Instructions.
  - (6) Electronic Prescription Entry through DHCP with Electronic Signature (non-Controlled Substances), when available.
- b. Prior to dispatching these forms to pharmacy for dispensing, the following information will be completed in a legible manner:
  - (1) Patient's full name,
  - (2) Social Security Number (SSN),
  - (3) Current address,
  - (4) VA facility address,
  - (5) Name of medication, **NOTE:** *The generic form is preferred.*
  - (6) Dosage form,
  - (7) Strength, **NOTE:** *The metric dosage is preferred.*
  - (8) Quantity,

(9) Specific directions, **NOTE:** *"As directed" or "prn" is not acceptable.*

(10) Refills, if indicated,

(11) Drug Enforcement Agency (DEA) number, if appropriate, and

(12) Is patient's condition service-connected (SC)?

c. The prescriber must then sign and date the prescription form. Only one medication may be written on VA Form 10-2577F. **NOTE:** *The use of pre-signed prescription forms is not authorized.*

d. The quantity dispensed will not exceed a 30-day supply for usual prescriptions. Each prescription may have a maximum of 11 refills or 12 months of therapy. Exceptions to the 30-day limitation may be made if the local medical center develops a listing, by generic name, of "maintenance" medications approved by the local Pharmacy and Therapeutics (P&T) Committee. The P&T Committee will consider patient care needs and safety, as well as local resources, in establishing this list. No prescription will be filled for more than a 3-month supply of "maintenance" medication and refills may not exceed 12 months of therapy.

e. Veterans Health Administration (VHA) medical facilities can establish local policies for transmission and/or receipt of verbal orders for outpatient prescriptions, and for acceptance of facsimile copies of outpatient prescriptions. Local policy on verbal orders must include the following:

(1) Only a registered pharmacist can accept the verbal orders;

(2) The process must adhere to all DEA regulations; and

(3) The policy must include appropriate processes to prevent diversion and ensure accountability.

#### 4.03 PATIENT ELIGIBILITY

a. Patient eligibility determines the extent to which benefits are provided. Patient eligibility may limit the quantities of medications certain patients may receive. Determining patient eligibility is a function of Medical Administration Service. Patient eligibility data should be available in the computer data base and be visible to the pharmacist for determining quantities of medication and/or length of therapy for which the patient is eligible.

b. Unless otherwise determined by the local P&T Committee, the following maximum allowable quantities are authorized:

(1) **AUTH. ABS-96 Hours.** Authorized Absence, not to Exceed 96 Hours (Non- Refillable).

(2) **AUTH. ABS+96 Hours.** Authorized Absence, not to Exceed 14 days (Non-Refillable).

c. **Employee (EMP).** Immediate needs to 72 hours for emergency treatment and treatment for minor ailments which interfere with the immediate ability to perform duty may be granted. **NOTE:** *This is Non-Refillable.*

d. **Hospital Based Home Care (HBHC) 30 days (11 refills).** Patients who may be furnished HBHC following termination of VA authorized inpatient care will be furnished medications and medical supplies from the Pharmacy Service.

e. **Regular Discharge (REG. DISCH) 30 days (non-refillable).** A patient given a regular discharge may be furnished a supply of medications sufficient to maintain the prescribed regimen of care until other arrangements can be made. **NOTE:** *This is not to exceed 30 days.*

f. **Non-Bed Care (NBC) 30 days (one refill).** Patients under commitment and/or for whom the medical center is receiving an institutional award may be furnished NBC when inpatient care has progressed to a point where it is reasonable to anticipate that treatment may be concluded satisfactorily on a non-bed status.

g. **Pre-Bed Care (PBC) 30 days (one refill).** Certain nonservice-connected veterans may be furnished pre-hospital outpatient services. Patients in PBC status may receive examination and treatment, including medications and supplies, in preparation of hospital care.

h. **Aid and Attendance (A&A) and/or Housebound (HB) 30 days (11 refills).**

(1) Any veteran in receipt of increased pension for additional compensation or allowance based on the need of regular aid and attendance or by reason of being permanently housebound, or who, but for the receipt of retired pay would be otherwise eligible, may be authorized needed outpatient treatment on a staff or fee-basis, for any medical condition, including medications and/or medical supplies.

(2) A&A veterans, as well as housebound veterans, who elect to obtain treatment at other than VA expense (which is not part of authorized VA hospital or outpatient care) are eligible to receive prescribed medications and medical supplies from a VA pharmacy.

i. **Community Nursing Home (CNH) 30 days (11 refills).** When it is specified in the nursing home agreement that certain services and supplies are not included in the per diem rate, i.e., medications and medical supplies, such services will be provided by the VA medical center which authorized the care in the community nursing home. Nursing homes having contracts with private pharmacies under which a complete medication monitoring and delivery system is furnished will be encouraged to provide the same service to veteran-patients.

j. **Outpatient Treatment (OPT) Service-Connected (SC) 30 days (11 refills).** Medications and medical supplies prescribed for treatment of veterans for SC or adjunct condition will be furnished by the VA medical center providing the care.

k. **OPT Nonservice-Connected (NSC) 30 days (11 refills).** Patients in OPT NSC status will generally be furnished treatment at the appropriate VA medical center nearest their home. The medical center providing care on a staff basis will furnish the prescribed medications and authorized medical supplies.

l. **Other Federal (OTHER FED) 30 days (11 refills).** This includes the military retiree, active military, Canadian and Allied Forces. When properly authorized, inpatient and outpatient services may be furnished to beneficiaries of other Federal agencies with whom the Secretary of Veterans Affairs, has approved agreements and to Canadian, British, and Allied beneficiaries. The current VA per diem rate, or per visit rate, includes drugs which are normally provided VA beneficiaries under the same circumstances.

m. **Outpatient Care (OPC) 30 days (11 refills).** For veterans who are eligible for hospital care and who do not otherwise have eligibility to OPC. Patients in outpatient care status may receive examination and treatment (including medications and supplies) to obviate the need for hospital care.

n. **Other-30 days (no refills).** Intended for use when medication is prescribed for dispensing at VA pharmacies to non-veterans under unusual circumstances for humanitarian or legal liability purposes.

#### 4.04 RESPONSIBILITY

a. Pharmacy Service is responsible for the storage and issuance of VA Form 10-2577F.

(1) Each VA medical center will maintain records on the forms received, forms issued, date(s) of action, serial number received and issued, person issuing these forms, and receiving party, i.e., clinic, service or practitioner.

(2) The records will specify the bed service, ward, clinic, or individual provider who has received prescription forms by sequential number. The Chief of Staff, or designee, is responsible for establishing the system of accountability and level of security for these forms after they are issued from pharmacy. Once issued to a provider, the individual provider or authorized user is responsible for security of prescription forms.

(3) The records will be maintained in Pharmacy Service and reconciled monthly. Any loss of forms will be reported to the medical center Director who will inform the Chief of Police and Security, who will initiate an investigation. The Director will report the loss through the Veterans Integrated Systems Network (VISN) Director, to the Associate Deputy Chief Patient Care Services Officer (111H). The medical center will maintain records of all losses and review annually as a risk management indicator.

(4) VA Form 10-2577F, is a controlled form. Medical facilities will order additional supplies of VA Form 10-2577F, from the VA Forms and Publications Depot.

b. Prescription will be filed in a manner that facilitates retrieval when it is necessary to verify data in the computer data base. All non-current prescriptive documents should be disposed of in accordance with VHA Records Control Schedule 10-1. Prescriptions for controlled substances will be filed as required in Chapter 5.

c. All commercially prepared dietary tube feedings and nutritional products prescribed for outpatients will be dispensed by Pharmacy Service on the receipt of a properly completed and authorized prescription. Oral nutritional supplementation is defined as adding or increasing oral intake of nutrients and calories to compensate for nutritional deficit caused by inadequate consumption, increased requirements, or excess losses. **NOTE:** *Refer to M-2, Part 1, Chapter 33, for policies regarding home "Total Parenteral Nutrition, and Tube/Enteral Nutrition."*

d. Prescription refills for medications and supplies for recurring and continuing needs will be dispensed on the request of the veteran in accordance with the authorization of the prescriber and/or the patient's needs to last until the veteran's next scheduled clinic visit. Prescriptions will be refilled only on request. Prescriptions will not be automatically dispatched to veterans.

e. VA Form 10-2294b, Medication Request Form, will be generated by the computer system to provide a convenient method for the veteran to request refills of the veteran's medications and/or medical supplies.

f. General medical supplies for OPT and prosthetic medical supplies, determined to be expendable stock items required for outpatient care and treatment, will be dispensed on prescription. The pharmacist may dispense refills for expendable supplies upon receipt of requests from patients with continuing eligibility for a period not to exceed 1 year from the date of the last signed order.

(1) Expendable stock items may include:

- (a) Catheters,
- (b) Colostomy set,
- (c) Ileostomy sets and supplies,
- (d) Plastic or rubber gloves,
- (e) Skin preparation and powders for orthotic and prosthetic appliance wearers,
- (f) Urinals (leg or canister type),
- (g) Urinary drainage supplies, and

- (h) incontinence supplies, etc.
- (2) Non-expendable medical equipment such as:
  - (a) Wheelchairs,
  - (b) Cushions,
  - (c) Hospital beds,
  - (d) Related bedside equipment,
  - (e) Commode chairs,
  - (f) Invalid lifts, and
  - (g) Canes or crutches, etc.

**NOTE:** *The inventory volume, scope, and diversity of items will be standardized in accordance with the requirements of each facility.*

g. Prescriptions written by one VA facility for dispensing by another VA facility is to be discouraged. The treating facility needs to provide all prescribed medications. This does not apply to prescriptions written at a physically separated department of the same facility. Any loan or transfer of medications, medical supplies, etc., to other agencies or VA activities will be accomplished by the Chief, Acquisition & Materiel Management Service (A&MM). In emergency situations, Pharmacy Service is authorized to borrow from or loan to any other medical facility. **NOTE:** *Appropriate records of such transactions must be maintained.*

h. Prescription medications or medical supplies dispensed by mail delivery are securely packaged and properly addressed. Upon notification that mailed medications were not received, the veteran's data base in the computer will be appropriately annotated. In the event of a recurring loss, the registered and/or certified mail procedure for all prescriptions will be instituted. When appropriate, the patient's physician will be notified.

i. VA pharmacies are authorized to fill and mail prescriptions for controlled substances Schedule II, III, IV, and V. The use of registered mail is not required.

#### **4.05 SUPPLEMENTAL PHARMACY SERVICE**

a. Every effort will be made to utilize VA pharmacies for prescription services. When appropriate, arrangements will be made for emergency prescription services through pharmacies in a community within a clinic of jurisdiction area. These arrangements are to be made on a selective, individual patient basis, after determination of the type and recurring nature of the prescription. Fee-basis physicians will be made aware of VA policies. Any pharmacy licensed by a State, territory of the United States, or District of Columbia is eligible to accept and fill prescriptions for VA patients, as may be required, in accordance with instructions issued by VA.

b. Eligible veterans in identification card status will be reimbursed, based on acquisition cost of an acceptable generic drug plus a VA determined dispensing fee for prescribed medications purchased in emergencies as defined by the clinic of justification.

c. When there is a reasonable doubt about the relationship of the prescribed medications in relation to the disability(ies) listed on the card, the participating pharmacist will contact the prescribing fee-basis physician for verification. If the prescribing physician verifies that the medication is for a condition listed,

the participating pharmacist will annotate the prescription to indicate that verification was made and payment will be approved by the VA facility of jurisdiction. When VA Pharmacy Service and the reviewing VA physician concur that medication was not appropriate for the condition under care, and when agreement cannot be reached with the fee-basis physician, appropriate notification will be made to the participating pharmacy that payment will not be approved for additional prescriptions or refills of the medication in question.

**NOTE:** *It is in the best interest of good patient care that all fee prescriptions be maintained in the patient's computer data base in the VA Pharmacy.*

#### **4.06 UTILIZATION OF VA PHARMACIES**

##### **a. Facility Pharmacies**

(1) VA facility pharmacies are to be used to fill staff prescriptions for drugs and supplies for authorized patients.

(2) Prescriptions and refill requests received through the mail will be processed and dispatched within 2-working days.

(a) On the first workday of each week, the Chief, Pharmacy Service, will review the outpatient mailout operation for timeliness of service. When a review indicates that a backlog of more than 7 calendar days exists, a report (to include date of report, period covered by report, date oldest prescription request received in Pharmacy and still unfilled, number of unfilled prescriptions more than 7 calendar days old and unusual specific circumstances causing the backlog) will immediately be submitted to the facility Director, with recommendations of appropriate actions to correct the backlog.

(b) When reports are made for more than 4 consecutive weeks to the facility Director, the Director will submit a report to the appropriate VISN Director, VHA Headquarters, citing deficiencies, unusual circumstances involved, and corrective action taken.

(3) Drugs and supplies will be provided to eligible veterans on prescriptions completed by VA prescribers who are licensed to practice their profession and prescribe drugs in a State, territory, or possession of the United States, District of Columbia, or the Commonwealth of Puerto Rico.

##### **b. Pharmacies in Clinics of Jurisdiction for Fee-Basis Care**

(1) In addition to dispensing prescriptions written by staff in accordance with subparagraph a, pharmacies in clinics of jurisdiction for fee-basis care are to be used to fill authorized fee-basis prescriptions, in accordance with applicable public laws and VA regulations and policy, to the extent practical and consistent with the needs and best interest of patients and VA.

(2) VHA has established a formal goal that clinics of jurisdiction will fill at least 95 percent of the fee-basis prescriptions in VA pharmacies. VHA Headquarters officials will routinely monitor reports to determine compliance with this goal. If appropriate, VHA Headquarters officials will discuss with the officials of clinics not meeting the goal the types of actions necessary to reduce the number of non-emergency prescriptions being filled by private pharmacies.

(3) Authorized prescriptions received from patients, or their fee-basis physician will be filled promptly and returned to the patient without delay. Local procurement of drugs for filling fee-basis prescriptions will be expedited for those items not in stock when the prescription is received. The A&MM Service will make such arrangements for procurement of drugs not in stock so that the prescription can be dispatched within 2-working days after receipt of the prescription. Only medications on the local medical center's formulary will be used to fill fee-basis prescriptions. Fee-basis prescriptions will not be unduly delayed to determine eligibility.

(4) When oxygen is prescribed, an authorization will be issued to an appropriate supplier for direct delivery to a veteran in accordance with local facility policy.

(5) Prescriptions may be limited to a 30-day supply of medication and up to 11 refills may be authorized.

(a) Pharmacy Service is to have access to all available eligibility information contained in the DHCP system for which a veteran is entitled to receive drugs and medicine. This will assist Pharmacy Service in determining that the medication is appropriate for the condition under care.

(b) Questions involving dosage, contraindications, synergism, and other professional matters will be discussed by the pharmacist with the Clinic Director, Associate Chief of Staff for Ambulatory Care, or physician and/or designee, and, when indicated, resolved with the fee-basis prescriber by the VA physician or VA pharmacist.